



**GEORGIA MEDICAID FEE-FOR-SERVICE
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS PA SUMMARY**

Preferred	Non-Preferred
Bepreve (bepotastine besilate) Cromolyn sodium generic Pataday (olopatadine 0.2%) Patanol (olopatadine 0.1%) Pazeo (olopatadine 0.7%)	Alocril (nedocromil sodium) Alomide (lodoxamide tromethamine) Azelastine generic Elestat (epinastine) Emadine (emedastine) Epinastine generic Lastacaft (alcaftadine) Olopatadine 0.1% generic

LENGTH OF AUTHORIZATION: 1 Year

NOTE: If generic epinastine is approved, the PA will be issued for brand Elestat.

PA CRITERIA:

Alocril, Azelastine, Emadine and Lastacaft

- ❖ Approvable for non-pregnant members that have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or history of intolerable side effects to at least two different preferred products.
- ❖ Approvable for pregnant members that have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or history of intolerable side effects to the preferred product, cromolyn sodium.

Alomide

- ❖ Approvable for members that have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or history of intolerable side effects to the preferred product, cromolyn sodium.

Elestat and Epinastine Generic

- ❖ Approvable for members that have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or history of intolerable side effects to at least two different preferred products.
- ❖ In addition for generic epinastine, prescriber must submit a written letter of medical necessity stating the reasons brand Elestat is not appropriate for the member.

Olopatadine 0.1% Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Patanol, is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.



- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.